

LPC 04380303

ILD005094230
EPA IDENTIFICATION NUMBER

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
Form 2 - Generator Inspection

I. General Information:

- (A) Installation Name: FLEXIBLE STEEL LACING CO.
- (B) Street: 2525 WISCONSIN AVE.
- (C) City: DOWNERS GROVE (D) State: IL (E) Zip Code: 60515
- (F) Phone: 312-971-0150 (G) County: DUPAGE
- (H) Operator: ALBERT HENKE
- (I) Street: 2525 WISCONSIN AVE
- (J) City: DOWNERS GROVE (K) State: IL (L) Zip Code: 60515
- (M) Phone: 312-971-0150 (N) County: DUPAGE
- (O) Owner: FLEXIBLE STEEL LACING CO.
- (P) Street: 2525 WISCONSIN AVE
- (Q) City: DOWNERS GROVE (R) State: IL (S) Zip Code: 60515
- (T) Phone: 312-971-0150 (U) County: DUPAGE
- _____ Federal _____ Municipal X Private
- (V) Type of Ownership: _____ State _____ County
- (W) Date of Inspection: 3-9-81 Time of Inspection (From) 10:40 (To) 11:50
- (X) Weather Conditions: SUNNY; HAZY; ~40°F

(Y) Person(s) Interviewed	Title	Telephone
<u>ALBERT HENKE</u>	<u>V.P. Mfg.</u>	<u>971-0150</u>
<u>DON JULEN</u>	<u>GEN. FOREMAN</u>	<u>971-0150</u>
(Z) Inspection Participants	Title	Telephone
<u>LISA BINDER</u>	<u>EPS</u>	<u>217-782-6760</u>

II. OTHER TYPE OF HAZARDOUS WASTE ACTIVITY

- (A) ☐ Transporter (Form 3) (B) ☐ Chemical, Physical and Biological Treatment (Form 4)
- (C) ☐ Storage (Form 5) (D) ☐ Landfill (Form 6)
- (E) ☐ Incineration (Form 7) (F) ☐ Thermal Treatment (Form 7)
- (G) Comments: ⁷⁰⁰¹ STORE RAW TRICHLOROETHYLENE IN A TANK.
PUMPED OUT AND USED AS DEGREASER. WASTE IS PUMPED
INTO DRUMS WHEN THEY ACCUMULATE 5 OR 6 DRUMS
THEY ARE PICKED UP BY HAULER (BARON BLAKELEE).
ALL WASTE SHIPPED WITHIN 90 DAY PERIOD.

Supplemental forms (Listed in Parathesis) must be completed for each activity inspected. Attach all Supplemental forms to this report.

III. MANIFEST

	Yes	No	Not Inspected	See Remark Number
(A) Are copies of the Manifest available?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
(B) Does the Manifest contain the following information:				
1. Manifest document number?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
2. Name, mailing address, telephone number, and EPA ID Number of Generator?	<u>X</u>	<u>X</u>	<u> </u>	<u>NO ID. NUMBER</u>
3. Name and EPA ID Number of Transporter(s)?	<u>X</u>	<u> </u>	<u> </u>	<u>NO ID NUMBER</u>
4. Name, Address, and EPA ID Number of Designated permitted facility and alternate facility?	<u>X</u>	<u> </u>	<u> </u>	<u>NO ID NUMBER</u>
5. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
6. The total quantity of waste(s) and the type and number of containers loaded?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
7. Required Certification?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
8. Required Signatures?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
(C) Does the Owner or Operator Submit Exception Reports when Needed?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>

IV. PRE-TRANSPORT REQUIREMENTS

(A) Is Generator Packaging waste in accordance with DOT Regulations?	<u>X</u>	<u> </u>	<u>X</u>	<u>ALL WASTE HAS BEEN SHIPPED PRIOR TO INSPECTION</u>
(B) Are waste packages marked and labeled in accordance with DOT Regulations concerning hazardous waste materials?	<u>X</u>	<u> </u>	<u>X</u>	
(C) If required, are placards available to transporter?	<u> </u>	<u>X</u>	<u> </u>	<u>HAUZER PROVIDED</u>

Yes

No

Not
InspectedSee Remark
Number

(D) Pre-shipment Accumulation:

1. Are containers marked with start of accumulation date? X
2. Are the containers of hazardous waste removed from installation before they can accumulate for more than 90 days? X
3. Are wastes stored in containers managed in accordance with 40 CFR Part 265.174 and 265.176 (weekly inspections of containers, containers holding ignitable or reactive wastes located at least 15 meters (50 Feet) from facility's property line? X
4. Are wastes stored in tanks managed according to the following:
 - a. Are tanks used to store only those wastes which will not cause corrosion leakage or premature failure of the tank? _____
 - b. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structures? _____
 - c. Do continuous feed systems have a waste-feed cutoff? _____
 - d. Are required daily and weekly inspections done? _____
 - e. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? (If waste is rendered non-reactive or non-ignitable, see treatment requirements? _____
 - f. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR §265.17(b) apply) _____

ALL WASTE
WAS REMOVED
PRIOR TO
INSPECTION

	YES	NO	NOT Inspected	See Remark Number
5. If hazardous wastes accumulate on site, does the generator follow the following general facility standards?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
A. Do Personnel training records include:				
1. Job Titles?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
2. Description of Training?	<u>X</u>	<u> </u>	<u> </u>	<u>ON THE JOB</u>
3. Records of Training?	<u> </u>	<u> </u>	<u>X</u>	<u> </u>
Is Personnel Training Completed within the Required Time Frame?	<u> </u>	<u> </u>	<u>X</u>	<u> </u>
B. Preparedness and Prevention				
1. Maintenance and Operation of Facility:				
a. Is there any evidence of fire, explosion, or release of hazardous waste or hazardous waste constituent?	<u> </u>	<u>X</u>	<u> </u>	<u> </u>
2. Does the Facility have the following equipment?				
a. Alarm system?	<u>X</u>	<u> </u>	<u> </u>	<u>WELLS FARGO</u>
b. Telephone or 2-Way Radios?	<u> </u>	<u>X</u>	<u> </u>	<u> </u>
c. Portable fire extinguishers, fire control, spill control equipment and decontamination equipment?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
Indicate the volume of water and/or foam available for fire control				
Units: <u>FIRE EXTINGUISHERS - A, B, C & CO₂; SPRINKLER SYSTEM;</u>				
<u>FIRE HOSES</u>				
3. Testing and Maintenance of Emergency Equipment:				
a. Has the Owner or Operator established testing and Maintenance Procedures for Emergency Equipment	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
b. Is emergency equipment Maintained in Operable Condition?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>

	Yes	No	Not Inspected	See Remark Number
4. Has Owner/Operator Provided Immediate Access to Internal Alarms (if needed)?	<u> </u>	<u> </u>	<u> X </u>	<u> </u>
5. Is there adequate Aisle Space for unobstructed Movement?	<u> X </u>	<u> </u>	<u> </u>	<u> </u>
6. Are arrangements with local authorities included in the operating record?	<u> X </u>	<u> </u>	<u> </u>	<u> </u>

(C) Contingency Plan and Emergency Procedure

1. Does the contingency plan contain the following:

a. The actions facility personnel must take to comply with §264.51 and 261.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part)

 X

b. Arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services, pursuant to §264.37?

 X

c. Names, addresses, and Phone numbers (office and Home) of all persons qualified to act as emergency coordinator.

 X

d. A list of all emergency equipment at the facility which include the location and physical description of each item on the list, and a brief outline of its capabilities?

 X

e. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes and alternate evacuation routes.

 X

	Yes	No	Not Inspected	See Remark Number
2. Are copies of the Contingency Plan available at site and local Emergency Organizations?	<u> </u>	<u> X </u>	<u> </u>	<u> </u>
3. Emergency Coordinator				
a. Is the Facility Emergency Coordinator Identified?	<u> X </u>	<u> </u>	<u> </u>	<u> </u>
b. Is Coordinator Familiar with all aspects of site operation and Emergency Procedures?	<u> X </u>	<u> </u>	<u> </u>	<u> </u>
c. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	<u> X </u>	<u> </u>	<u> </u>	<u> </u>
4. Emergency Procedures				
If an Emergency Situation has occurred at this facility; has the Emergency Coordinator followed the Emergency Procedures listed in §256.56?	<u> X </u>	<u> </u>	<u> </u>	<u> </u>

V. RECORDKEEPING

(A) Are Manifests, Annual Reports, Exception Reports, and All Test Results and Analyses Retained for at least three years?	<u> X </u>	<u> </u>	<u> </u>	<u> </u>
--	--------------	-------------------	-------------------	-------------------

VI. INTERNATIONAL SHIPMENTS

(A) Has the Installation Imported or Exported Hazardous Waste?	<u> </u>	<u> X </u>	<u> </u>	<u> </u>
--	-------------------	--------------	-------------------	-------------------

(If A was answered Yes, then complete one or both of the following)

1. Exporting Hazardous waste, has a generator:				
a. Notified the Administrator in writing?	<u> </u>	<u> </u>	<u> </u>	<u> </u>
b. Obtained the Signature of the foreign consignee confirming delivery of the waste(s) in the foreign country?	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Yes

No

Not
Inspected

See Remark
Number

c. Met the Manifest requirements?

2. Importing Hazardous Waste,
has the generator:

a. Met the manifest requirements?

VII. PREPARER INFORMATION

Name: LISA BINDER

Title: EPS

Phone Number: 217-782-6760

REMARKS:

ENVIRONMENTAL PROTECTION AGENCY STATE OF ILLINOIS

L P C F C O 5 5 C

(1) (8) (9)

OBSERVATION REPORT - SITE INVENTORY NO.

(11)

(18)

CO. - L.P.C.

Region #

Date / /

(20)

(25)

Letter Sent (Yes or No)

(26)

(Location)

(Responsible Party)

Samples Taken: Yes () No ()

Time: From : m

Weather

Ground Water() Surface() Other()

To : m

Photos Taken: Yes () No ()

Interviewed

Inspector

(27)

(29)

Previous Inspection

Previous Correspondence

Site Open: Yes() No()

OPERATIONAL STATUS:

TYPE OF OPERATION:

AUTHORIZATION:

Operating ()

Landfill ()

Storage ()

E.P.A. Permit ()

Temporarily Closed ()

Random Dump ()

Salvage ()

Variance ()

Closed Not Covered ()

Other ()

A.C.D. ()

21(e) ()

Closed and Covered ()

Quantity Received Daily(1-6)

Board Order ()

(30)

Illegal (5) ()

(31)

IMPROVED

LPC 4 1/79 5,000

SAME

DETERIORATED

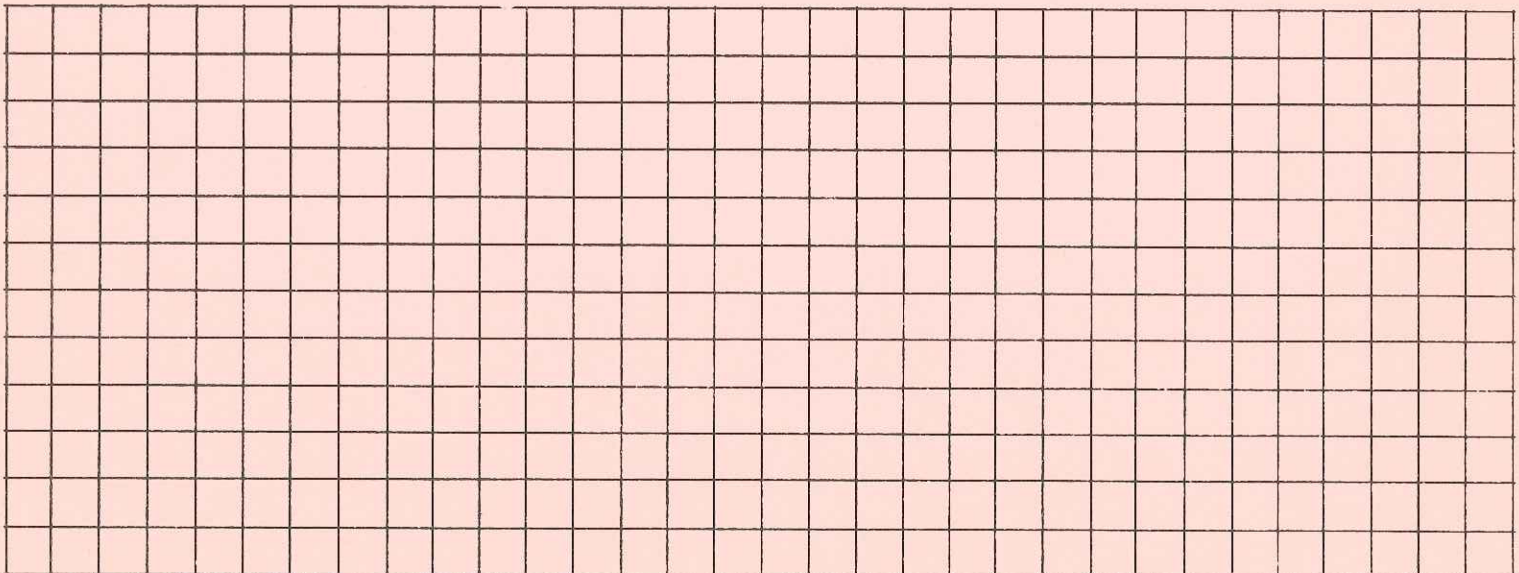
I S or D

(62)

GENERAL REMARKS:

INTERVIEW:

DIAGRAM:



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITYINSTALLATION'S EPA
I.D. NO.

ILD005094230

I. NAME OF IN-
STALLATIONII. INSTALLA-
TION
MAILING
ADDRESSFLEXIBLE STEEL LACING COMPANY**
2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515III. LOCATION
OF INSTAL-
LATION2525 WISCONSIN AVE
DOWNERS GROVE, IL 60515

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

15	16	INSTALLATION'S EPA I.D. NUMBER										APPROVED										DATE RECEIVED (yr., mo., & day)									
3		ILD005094230										A										800815									

I. NAME OF INSTALLATION

FLEXIBLE STEEL LACING CO

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3

CITY OR TOWN

ST.

ZIP CODE

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5

CITY OR TOWN

ST.

ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

HENKE ALBERT V.P. Mfg

312-971-0150

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

CORPORATION

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

ILD005094230

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

WIL D0050942302

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F001	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
----	----	----	----	----	----

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Albert Henke

NAME & OFFICIAL TITLE (type or print)

Albert Henke V.P.-Mfg

DATE SIGNED

8/13/80



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

ILD005094230

REACKNOWLEDGEMENT

FLEXIBLE STEEL LACING CO
2525 WISCONSIN AVE
DOWNERS GROVE

IL 60515

INSTALLATION ADDRESS

2525 WISCONSIN AVE
DOWNERS GROVE

IL 60515